

STATE OF MISSISSIPPI APPLICATION



Return Completed Application to:
Mississippi State Personnel Board
 210 East Capitol Street, Suite 800
 Jackson, MS 39201
 www.mspb.ms.gov

For Staff/Official Use Only

Received: _____

Important! Please Read Before you begin the application process:

Applicants must complete and attach the "Supplemental Questions" page when applicable. This page is located on the MSPB website Job Openings screen. Scroll down to the bottom of the screen and click the preferred job; when the description is displayed, click "Print Job Information." Applications failing to include this page or lacking sufficient information will be returned to the applicant as invalid. Please ensure your application is received by the closing date as indicated on the job posting.

-TYPE OR PRINT IN BLACK INK-

JOB INFORMATION

POSITION #:	POSITION TITLE:
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PERSONAL INFORMATION

FIRST NAME	MIDDLE INITIAL	LAST NAME
ADDRESS		
CITY	STATE	ZIP
HOME PHONE	ALTERNATE PHONE	
MONTH AND DATE OF BIRTH	WHICH METHOD DO YOU PREFER TO BE NOTIFIED ABOUT YOUR APPLICATION STATUS? <input type="checkbox"/> EMAIL OR <input type="checkbox"/> PAPER	
EMAIL ADDRESS		

EDUCATION

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION:

- ☐ Some High School ☐ Some College ☐ Associate's Degree ☐ Master's Degree ☐ Doctorate Degree
☐ High School ☐ Technical College ☐ Bachelor's Degree ☐ Specialist's Degree

HIGH SCHOOL EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL/RECEIVE A G.E.D.? YES ☐ NO ☐
 IF NO, WHAT WAS THE HIGHEST GRADE LEVEL COMPLETED? 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐

COLLEGE/UNIVERSITY EDUCATION

SCHOOL NAME	DEGREE RECEIVED	
DATES ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
SCHOOL LOCATION (CITY/STATE)	MAJOR	
SCHOOL NAME	DEGREE RECEIVED	
DATES ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
SCHOOL LOCATION (CITY/STATE)	MAJOR	
SCHOOL NAME	DEGREE RECEIVED	
DATES ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
SCHOOL LOCATION (CITY/STATE)	MAJOR	

CERTIFICATES & LICENSES

TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION
TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION
TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION

WORK HISTORY

DATES From	To	EMPLOYER	POSITION TITLE
ADDRESS, CITY, STATE			
PHONE NUMBER		SUPERVISOR (NAME & TITLE)	
HOURS PER WEEK	SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
DUTIES			

DATES From	To	EMPLOYER	POSITION TITLE
ADDRESS, CITY, STATE			
PHONE NUMBER		SUPERVISOR (NAME & TITLE)	
HOURS PER WEEK	SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
DUTIES			

WORK HISTORY		
DATES From _____ To _____	EMPLOYER	POSITION TITLE
ADDRESS, CITY, STATE		
PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS PER WEEK	SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES		

DATES From _____ To _____	EMPLOYER	POSITION TITLE
ADDRESS, CITY, STATE		
PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS PER WEEK	SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES		

AGENCY WIDE QUESTIONS

1. ARE YOU CURRENTLY EMPLOYED WITH THE STATE OF MS? YES ☐ NO ☐

2. IF YOU ANSWERED "YES" TO THE PREVIOUS QUESTION, INDICATE WHICH AGENCY AND YOUR CURRENT JOB TITLE. (IF YOU PREVIOUSLY INDICATED "NO", PROCEED TO THE NEXT QUESTION.)

(AGENCY NAME)

(CURRENT JOB TITLE)

3. HAVE YOU BEEN SEPARATED WITHIN THE LAST 12 MONTHS FROM THE STATE OF MS DUE TO A REDUCTION IN FORCE (RIF)? YES ☐ NO ☐

4. IF YOU ANSWERED "YES" TO THE PREVIOUS QUESTION, INDICATE WHICH AGENCY, YOUR PREVIOUS JOB TITLE, AND THE DATE OF YOUR RIF SEPARATION. (IF YOU PREVIOUSLY INDICATED "NO", PROCEED TO THE NEXT QUESTION.)

(AGENCY NAME)

(PREVIOUS JOB TITLE)

(DATE OF RIF)

5. ARE YOU A VETERAN OF THE ARMED FORCES? ☐ YES ☐ NO

(IF YOU INDICATED "YES", YOU MUST ATTACH A COPY OF YOUR DD214 OR OTHER PROOF OF SERVICES.)

6. IF YOU ARE A VETERAN, WERE YOU DECLARED DISABLED? ☐ YES ☐ NO

7. ARE YOU AN ADULT MALE BORN ON OR AFTER JANUARY 1, 1960 WHO REGISTERED FOR SELECTIVE SERVICE BETWEEN THE AGES OF 18 AND 25?
☐ YES ☐ NO

TO MEET THE REQUIREMENTS OF FEDERAL REGULATIONS, MSPB NEEDS TO COLLECT INFORMATION ON THE QUESTIONS BELOW FOR REPORTING PURPOSES ONLY. THIS INFORMATION WILL NOT BE USED FOR MAKING EMPLOYMENT DECISIONS. (OPTIONAL)

8. INDICATE YOUR RACE

- ☐ AMERICAN INDIAN
☐ WHITE
☐ HISPANIC
☐ BLACK
☐ ASIAN
☐ Other

9. INDICATE YOUR GENDER

- ☐ MALE
☐ FEMALE

10. AGE GROUP:

- ☐ UNDER 18
☐ 18-25
☐ 26-39
☐ 40-54
☐ 55-69
☐ 70+

ADDITIONAL INFORMATION

Additional Information (other schools or training; special qualifications; honors and awards; etc.):

APPLICANT DECLARATIONS

By signing this application, I certify that all statements made herein and on any attached documents are true and complete to the best of my knowledge. I authorize the verification of this information by the Mississippi State Personnel Board and any agency considering me for employment. I know that any misrepresentation herein may lead to rejection of my application, removal of my name from the list of eligibles, and/or dismissal from state service. I understand that, as a condition of employment, I will be required to present documentation which verifies both my identity and my employment eligibility pursuant to federal immigration law.

X
SIGNATURE OF APPLICANT

DATE

SUPPLEMENTAL QUESTIONS

Applicants must complete and attach the "Supplemental Questions" page when applicable. This page is located on the MSPB website Job Openings screen. Scroll down to the bottom of the screen and click the preferred job; when the description is displayed, click "Print Job Information." Applications failing to include this page or lacking sufficient information will be returned to the applicant as invalid. Please ensure your application is received by the closing date as indicated on the job posting.

ADDITIONAL WORK HISTORY**JOB INFORMATION**

JOB NUMBER:	POSITION TITLE:
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COLLEGE/UNIVERSITY EDUCATION

SCHOOL NAME	DEGREE RECEIVED
DATES ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:	
SCHOOL LOCATION (CITY/STATE)	MAJOR

SCHOOL NAME	DEGREE RECEIVED
DATES ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>
DATES ATTENDED	
SCHOOL LOCATION (CITY/STATE)	MAJOR

CERTIFICATES & LICENSES

TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION
TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION

WORK HISTORY

DATES From To	EMPLOYER	POSITION TITLE
ADDRESS	CITY	STATE
COMPANY WEBSITE	PHONE NUMBER	SUPERVISOR (NAME & TITLE)
HOURS WORKED PER WEEK	MONTHLY SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>

DUTIES



South Mississippi Regional Center

Lori V. Brown, Director

A Program of the Mississippi Department of Mental Health
Providing services for citizens with intellectual and developmental disabilities.

INFORMATION FOR JOB APPLICANTS AT THE SOUTH MISSISSIPPI REGIONAL CENTER

The SOUTH MISSISSIPPI REGIONAL CENTER is currently accepting applications for **DIRECT CARE TRAINEES**. The beginning salary for this position is \$662.43 paid on a semi-monthly delayed payroll, which is generally paid on the 15th and last day of the month. In order to apply for this position, you must meet the following requirements.

1. **ORIGINAL HIGH SCHOOL DIPLOMA OR TRANSCRIPT OR ORIGINAL HIGH SCHOOL LEVEL GED SCORE SHEET.**
2. Write or print English language legibly.
3. Available to work any or all the following schedules:
6:00 a.m. to 2:30 p.m.
2:00 p.m. to 10:30 p.m.
10:00 p.m. to 6:30 a.m.
(APPLICANTS CANNOT APPLY FOR A SPECIFIC SHIFT)
4. Have reliable transportation.
5. **BE ELIGIBLE FOR EMPLOYMENT**, an applicant must have **A PICTURE I.D., OR A VALID DRIVER LICENSE, AN ORIGINAL SOCIAL SECURITY CARD.**
6. Physical requirements (lifting etc.).
Employee filling this position must have the ability to give and receive information through speaking and listening skills. They must be able to stand, sit., squat, kneel and walk unassisted and be able to lift a minimum of (25) twenty-five pounds or one fourth (1/4) their body weight.
7. **"NEW EMPLOYEES MUST WORK ON THEIR ASSIGNED SHIFT FOR SIX (6) MONTHS BEFORE BEING ELIGIBLE FOR TRANSFER TO ANOTHER SHIFT"**.

DIRECT CARE TRAINEES will receive classroom and on-the-job training for three (3) months to develop the following skills:

1. Direct and participate in recreational and social activities for clients in accordance with written programs and habilitation plans.
2. Accompany client to activities and programs outside the facility.
3. Write non-technical reports documenting client behavior and activity.
4. Turn and position non-ambulatory clients.
5. Assist clients with the performance of personal hygiene tasks such as bathing, shaving and brushing teeth.
6. Clean cottages, furniture, kitchen area and appliances, offices and bathrooms.
7. Launder and inventory client linen and clothing.
8. Check and record client conditions such as vital signs and weight.
9. Other related duties.

After successful completion of training, the trainee is awarded a certificate and promoted to **DIRECT CARE WORKER**, at a salary of \$725.37 semi-monthly delayed. **TRAINEES WHO CANNOT SUCCESSFULLY QUALIFY FOR A DIRECT CARE WORKER AFTER THE THREE (3) MONTHS OF TRAINING AND SCHOOLING WILL BE TERMINATED.**

To be considered for employment applicants must complete an "EXPERIENCE AND TRAINING RECORD" in the Human Resources Office. The applicant must complete an application without help.

Signature _____



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ESSENTIAL FUNCTIONS OF THE JOB

Physical Requirements: These physical requirements are not exhaustive and additional job related physical requirements may be added to these by SMRC on an as needed basis. Corrective devices may be used to meet physical requirements.

Moderate Work: May frequently exert force equivalent to lifting up to approximately (25) twenty-five pounds or 1/4 of one's body weight. Must be able to apply safe lifting techniques as taught by SMRC instructors.

Vision: Requires the ability to perceive the nature of objects by the eye.

Near Acuity: Clarity of vision at 20 inches or less.

Midrange: Clarity of vision at distances of more than 20 inches and less than 20 feet.

Accommodations: Ability to adjust focus.

Speaking/Hearing: Ability to give and receive information through speaking and listening skills.

Motor Coordination: While performing the duties of this job you will be regularly required to walk; use hands to finger, handle or feel objects or controls and reach with the hands and arms. Also, you will be frequently required to stand. Occasionally be required to sit; and stoop, kneel, crouch or bend.

Smell: Ability to the sense of smell to recognize and distinguish odors.

I have read the above Physical Requirements for the position of _____ and attest by my signature below, that I am able to perform these essential functions of the job with or without any special accommodations.

Signed _____

Date _____

Witness _____

Date _____

Revised March 31, 2014



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RELEASE OF INFORMATION FORM

I hereby authorized the addressed individual, company, or institution to furnish the South Mississippi Regional Center of Long Beach, MS 39560, with any information they may have concerning me which they have on record or otherwise, and do hereby release the addressed individual, company, or institution and all individuals concerned therewith, including South Mississippi Regional Center of Long Beach, from all liability for any damage whatsoever incurred in furnishing such information.

Signed: _____

Date: _____

Witness: _____



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Reference Check and Consent Form

I, _____ authorize South Mississippi Regional Center to contact the persons or organizations listed below for the purposes of obtaining current and previous employment reference information including information contained in my personnel file(s). These persons are authorized to disclose such information:

Name	Company	Phone Number

Does/did the candidate maintain a good attendance record? If not please describe the problem.

Are there/were there any issues with punctuality? If so, please describe the problem.

Why did the candidate leave your employment?

Is there anything else significant that we should know in considering this candidate for the position of Direct Care Trainee or taking care of individuals with Intellectual Disabilities?

Would you re-employ? ☐ Yes ☐ No

If no, please explain why.

Should we call you for additional information? If so, please provide a contact number.

Applicant's Printed Name

Date

Applicant's Signature


Interviewer's Printed Name

Date

Interviewer's Signature

Mississippi Department of Human Services
Child Abuse/Neglect (CA/N) Common Central Registry Application

To be completed by requesting Agency/Organization

Official Name of Requesting Agency / Organization & License #:	South Mississippi Regional Center 0387/311		
Requesting Agency/Org Mailing Address:	1170 West Railroad Street, Long Beach, MS 39560		
Requestor's Name:	Peggy McGrew		
Mailing Address:	1170 West Railroad Street		
City:	Long Beach	State:	MS Zip Code: 39560
Phone:	(228) 867-1492	Email:	pmcgrew@smrc.state.ms.us
Requestor's Signature:			
Date:			

Check all That Apply

- ☐ MSA Foster/Adoption Agency
- ☐ Out of State/International Foster/Adoption
- ☐ MS Residential Child Care Facility
- ☒ Mental Health Facility/MH Residential Services
- ☐ MS Non Licensed Child Care
- ☐ MS Mentoring Program
- ☐ MS School District
- ☐ Out of State School District
- ☐ MS Community/Human Resource Agency
- ☐ MS Health Care/Nursing Home/Hospital
- ☐ MS Youth Court/Non Violent Shelters
- ☐ Law Enforcement/Youth Challenge

To be completed by person being cleared

The Applicant's name & identifying information will provide unsupervised care and supervision of children as an:

- | | | |
|--|---|---|
| <input type="checkbox"/> Employee | <input type="checkbox"/> Foster Resource Parent | <input type="checkbox"/> Adoption Resource Parent |
| <input type="checkbox"/> Relative Resource | <input type="checkbox"/> Volunteer/Internship | <input checked="" type="checkbox"/> Other (Please Specify) Pre-employment testing |

This person's job/role is or will be:

Applicant Name:

Date of Birth: SSN: ☐ Male ☐ Female

(Requesting Agency should verify by viewing the applicant's Drivers License and Social Security card)

Phone Number(s) where applicant can be reached

Current Address:

City: State: Zip Code:

By signing this form, I give the above named agency/organization permission to request a MDHS Child Abuse/Neglect Central Registry background check. I understand, that this information will be used to determine my suitability in working with children and/or to be a foster/adoption resource for children. This information **will not be** re-disseminated to other persons or used for other purposes.

Applicant's Signature: _____ Date:

Witness' Signature: _____ Date:

To be completed by MDHS/DFCS Protection Unit State Office Central Registry Staff

A search of the Mississippi Child Abuse/Neglect Central Registry has been completed. MDHS releases only that information which is necessary to discover or prevent child abuse or neglect.

- | | | |
|--|---|--|
| <input type="checkbox"/> No Felony Information Found | <input type="checkbox"/> Felony Information Found | <input type="checkbox"/> MDHS Licensure Policy Violation Found |
| <input type="checkbox"/> Substantiated Report Type: | <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Neglect |
| | <input type="checkbox"/> Sexual Abuse | <input type="checkbox"/> Mental Abuse/Neglect |

Substantiated Report Dates:

Signature
Stamp:

South Mississippi Regional Center Applicant Questionnaire

1. Have you ever been employed with any of the following Department of Mental Health agencies?

Please circle yes or no

Mississippi State Hospital	Y	N	North Mississippi Regional Center	Y	N
Hudspeth Regional Center	Y	N	South Mississippi Regional Center	Y	N
Boswell Regional Center	Y	N	Central Mississippi Residential Center	Y	N
Ellisville State School	Y	N	Mississippi Adolescent Center	Y	N
East Mississippi State Hospital	Y	N	North Mississippi State Hospital	Y	N
			Specialized Treatment Facility	Y	N

Employees are charged with the care and safety of vulnerable adults. In an effort to assure the safety of consumers, all employees are subject to background checks and fingerprinting for any relevant criminal activity. Negative results of a background check or fingerprinting can result in immediate dismissal or refusal to employ.

2. Have you ever been convicted of a criminal act? ☐Yes ☐No

If yes, please explain:

3. Have you ever pled no contest, guilty, or been found guilty of a crime? This includes ALL traffic violations. ☐Yes ☐No

If yes, please explain:

4. Have you ever been convicted of child abuse or neglect? ☐Yes ☐No

If yes, please explain:

5. Have you ever been convicted of driving under the influence of drugs or alcohol? ☐Yes ☐No

If yes, please explain:

**South Mississippi Regional Center
Applicant Questionnaire**

6. Have you ever been convicted of possession, use, or sale of narcotics? ☐Yes ☐No

If yes, please explain:

7. Have you ever been convicted or pled guilty in any court of this state, another state, or in federal court of any felony in which public funds were unlawfully taken, obtained, or misappropriated in the abuse or misuse of your office or employment or money coming into your hands by virtue of your office or employment? ☐Yes ☐No

If yes please explain:

8. If you have long periods of time between jobs (any gaps in employment), please explain.

9. How did you learn about this position at South Mississippi Regional Center?

Applicant Name

Date

Signature

Witness Name

Date

Signature



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Applicant Name: _____

(Please Print)

Social Security Number: _____ Department: _____

South Mississippi Regional Center

Acknowledgment of the Department of Mental Health Fingerprinting and Background Checks Policy

I hereby acknowledge receipt of a copy of the *Department of Mental Health Fingerprinting and Background Checks Policy*. I further understand that I am responsible for reading this policy and adhering to all requirements as contained therein. I further understand that as an employee of the South Mississippi Regional Center it is required that I submit to fingerprinting and such fingerprints will be submitted to the Mississippi Department of Public Safety and if no disqualifying record is found, these fingerprints will be submitted to the FBI by the Department of Public Safety. I further understand that it is the right of the Department of Mental Health to require fingerprinting and a records check as a condition of employment. My failure to comply with this request will cause my employment to terminate.

The South Mississippi Regional Center is required to ensure that any information received will be maintained in strict confidence and will be destroyed after thirty (30) days. With the exception of any felony conviction record, only job related information would disqualify anyone from employment.

I further understand that I have the right to challenge within fourteen (14) calendar days, the accuracy and completeness of any information received by the South Mississippi Regional Center as a result of the fingerprint check. I also understand my right to challenge, within fourteen (14) calendar days, the decision of South Mississippi Regional Center to terminate my employment based upon the results of such a check.

My signature below is authorization for my submitting to fingerprints and such prints forwarded to the Mississippi Department of Public Safety and the FBI.

Applicant Signature: _____ Date: _____

Witness: _____



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FINGERPRINTING AND BACKGROUND CHECKS POLICY

To ensure compliance with state law South Mississippi Regional Center shall obtain fingerprints and request background information on employees, potential employees, volunteers and potential volunteers who have or may have unsupervised access to a client served by South Mississippi Regional Center.

It shall be the policy of South Mississippi Regional Center that our facility follow the prescribed procedures in the firing and retaining of employees or approving and retaining volunteers who will have direct access to clients.

Procedure:

- I. Each employee, potential employee, volunteers and potential volunteer shall be fingerprinted by local law enforcement, with the results being forwarded to the Department of Public Safety.
- II. If no disqualifying record is identified at the state level, the fingerprints shall be forwarded by the Department of Public Safety to the FBI for national criminal history record check, the cost of which will be borne by South Mississippi Regional Center.
- III. No employee, potential employee, volunteer and/or potential volunteer who has a criminal history of conviction or pending indictment of a crime, whether misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of clients as specified in Section 45-31-12(5) of the Mississippi Code shall be employed or volunteer in a residential setting for clients.
- IV. Current employees and volunteers and prior to the offering of a position, potential employees or volunteers shall be advised:
 - A. That each person shall be fingerprinted
 - B. That such records check shall be requested
 - C. That the potential employee or volunteer must authorize fingerprinting and a records check in writing
 - D. That it is the right of the Department of Mental Health to require fingerprinting and a records check as a condition of employment or approval as a volunteer
 - E. Of the right to challenge, within (14) calendar days, the agency's decision to refuse to hire or to terminate a person based on the results of such check.
- V. No information received shall be re-disseminated to the fingerprinted person or any other employee not authorized by personnel, except as required by other pertinent law, and/or to inform the person of a negative result of such check.
- VI. All records shall be received from the FBI via a secure fax machine or other secured means and shall be retained in a secure place for a minimum of thirty (30) days from the time the decision of whether or not to hire is made. After thirty (30) days, the records must then be destroyed by means of shredding.